

Effective: September 12, 2007

Kentucky Life, Annuity, and Credit Transmittal Document
INSTRUCTION SHEET

1. **Prepared for the State of:** _____ - Indicate filing is being submitted to Kentucky for review.
2. **Department Use Only -**
 - State Tracking ID - Kentucky assigns a KOI filing number to all filings. This number should be referenced for all communications concerning the filing.
 - This space is where Kentucky will place action stamps when the filing is completed.
3. **Insurer Name & Address** - Provide the insurance company name and address. This is the licensee name on the submitted forms.
 - State of Domicile - State of domicile for company.
 - Insurer License Type - The type of entity as listed on the Certificate of Authority or as licensed by the state to which the filing is being submitted. Examples include Life, HMO, Fraternal, Accident & Health, and Property & Casualty.
 - NAIC Group # - NAIC Group number (3 digits).
 - NAIC # - NAIC Company code number (5 digits).
 - FEIN # - Federal identification number.
 - State # - The company specific state code, if available or required by the filing jurisdiction.
4. **Contact Name and Address** - Compliance contact(s) for submission, company's name (if other than the insurer), and address for correspondence.
 - Telephone Number - Telephone number of the contact person.
 - Fax Number - Fax number of the contact person.
 - E-mail - E-mail address of the contact person.
 - If contact person is a third party filer, a letter of authorization must be submitted.
5. **Requested Filing Mode** - Indicate the type of filing review requested. Only one option may be selected. If Combination or Other is selected, an explanation is required.
6. **Company Tracking Number** - Company's internal filing number or identifier. (If applicable)
7. **New Submission or Resubmission** - If resubmission, provide the KOI tracking number for the prior submission. If no KOI tracking number is available, and the prior filing was made in SERFF, provide the prior filing's SERFF Tracking Number. If neither is available, provide the date the previous filing was approved.
8. **Market** - An identification of the targeted group or individuals. If Group, first select group size, then select one or more group types. If Other is selected, an explanation must be provided.
9. **Type of Insurance** - List all applicable types utilizing the NAIC Uniform Life, Accident & Health, Annuity, Credit Product Coding Matrix. Please insert both the code and the name.

10. Product Coding Matrix Filing Code - Refer to the NAIC Uniform Life, Accident & Health, Annuity, Credit Product Coding Matrix. (www.naic.org) Please insert both the code and the name.

11. Submitted Documents -

- Mark ALL applicable boxes. Advertising cannot be combined with other form types. They must be submitted in a separate filing.
- Provide explanation whenever Other is selected.
- If filing forms, complete the Form Filing Attachment.
- If filing rates, complete the Rate Filing Attachment.
- If Filing Other Than Form or Rate is selected, identify what is being submitted and provide any required documents according to state regulations.
- If Supporting Documentation is provided, check which document(s) and submit according to state specific requirements.
- Submit duplicate copies of forms if paper filing with a stamped return envelope to receive notification of final action.

12. Filing Submission Date - Date the filing is being submitted by the company.

13. Filing Fee (If required) - KRS 304.4-010 and 806 KAR 4:010 establish filing fees as follows: a) \$100.00 for credit insurance filings under KRS 304.19; or b) \$5.00 for other rate and form filings; or c) your company's domiciliary state fee. Pursuant to KRS 304.3-270 submit the greater of a), b), or c). Indicate the amount, whether retaliatory, check date, and check number.

14. Date of Domiciliary Approval - Date filing was approved in domicile. If not approved, provide clarification.

15. Filing Description - General description of the filing. This section replaces the body of the cover letter. Indicate the market for the product, how it will be marketed, and other information necessary for clarifying the filing.

16. Certification -

- A Certification indicating you have reviewed state filing requirements and complied with all applicable statutory and regulatory provisions for the state for which the filing is being prepared.
- Provide name, title, date, and signature.

17. Form Filing Attachment

- **This filing transmittal is part of company tracking number** - Insert company tracking number on transmittal document.
- **This filing corresponds to rate filing company tracking number** - Insert company tracking number of rates.
- **Document Name** - Identify the document name in the upper box of each section.
- **Description** - Give a brief description of the form in the lower box of each section.
- **Form Number** - Identify the form number. Include an edition date, if required. Each form must be listed separately. Kentucky does not accept et al.
- **Initial or Revised** -
 - **Initial** - Mark "X" to indicate the form is new.
 - **Revised** - Mark "X" to indicate the form is a revision of a previous submission. List the replaced form # and previous KOI filing #.

→ **Other** - Mark “X” and provide clarification.

- **Replaced form #, and previous KOI filing #** - Identify the replaced form number, and previous KOI filing number. Each form must be listed separately. Kentucky does not accept et al. Complete as many attachments as necessary for the submitted filing.

18. Rate Filing Attachment (Required for all Credit Filings & Long Term Care Rider filings)

- **This filing transmittal is part of company tracking number** - Insert company tracking number on transmittal document.

- **This filing corresponds to form filing for company tracking number** - Insert company tracking number on forms.

- **Overall percentage Rate Indication (when applicable)** - Complete this field only when an actuarial indication is included in the filing submission.

- **Overall percentage rate impact for this filing:** _____% - Company calculated impact.

- **Document Name** - Identify the component name in the top box of each component.

- **Description** - Brief description of the rates submitted in the lower box of each section.

- **Affected Form Numbers** - Identify the affected forms.

- **New, Revised, Other** -

- Initial - Mark “X” to indicate the form is new.

- Revised - Mark “X” to indicate the form is a revision of a previous submission. List the replaced form # and previous KOI filing #.

- Other - Mark “X” and provide clarification.

- **Previous state filing number, if required by state** - Identify the replaced form number, and previous KOI filing number. Complete as many attachments as necessary for the submitted filing.